



Application for Help with Medicare		FOR OFFICIAL USE ONLY	
Prescription Drug Plan Costs			
	THIS DOES NOT ENROLL YOU IN THE MEDICARE PRESCRIPTION DRUG PROGRAM.	State code: WBDOC Exception:	
EXAMPLE			
1.	Applicant's Name (Print each letter in a separate box.)	Use capital	
		letters when entering answers	
	FIRST NAME MI	entering answers	
	LAST NAME	SUFFIX (Jr., Sr., etc.)	
	Applicant's Social Security Number	ECURITY NUMBER EXAMPLE	
		3 - 4 5 - 6 7 8 9	
2.	question 3. If you are married and living with your spouse, please put an X in one of the boxes below to indicate who is applying:		
	Only you are applying. Both you and your spouse have Medicare and are applying on this application.		
Even if your spouse is not applying, we need all of the questions answered and signatures for both of you if you live together.			
	Spouse's Name (if you are married and living together)		
	FIRST NAME MI		
	LAST NAME Supplier Supplier Number		
	Spouse's Social Security Number		
3.	If you are single, a widow(er) or your spouse does not live with you, are your savings, investments and real estate (other than your home) worth more than \$11,500? If you are married and living together, are they worth more than \$23,000? (These limits will be higher after 2006.) Include the things you own by yourself, with your spouse or with someone else. Do not include your home, vehicles, burial plots or personal possessions.		
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	YES NO NOT SURE	tro halp and you do not pead to	
	If you put an X in the YES box, you are not eligible for the extra help and you do not need to complete the rest of this application. You may still be eligible through your state Medicaid agency.		
	However, if you want a decision, put an \overline{\mathbb{X}} in the NOT SURE box. If you put an \overline{\mathbb{X}} in either the NO or NOT SURE box, complete the rest of this application.		
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